PROPOSAL FORM

| the preceding section, in accordance with the attached conditions and specification the unit cost of \$\sum_{\text{see}} see Pricing Sheet Level 2 PM Costs (incl ATS) (2014/5; 20-2016/7) and Proposal Form "B" /EA. | s for |
|---|-------|
| TOTAL COST: 3-Year P. M. Cost (Incl. Fuel/Coolant Tests): \$ | |
| UNIT COST IF CITY PAYS WITHIN 5 DAYS UPON RECEIPT/ACCEPTANCE \$_NOT APPLICABLE_/EA | |
| TOTAL COST (IF PAID WITHIN 5 DAYS): \$ NOT APPLICABLE /E | Α |
| ALL PRICES ARE FIRM WITH NO ESCALATOR. | |
| By submission of this proposal I certify that the proposal has been arrived independently and has been submitted without collusion with any vendor of mate supplies, or equipment of the type described in the preceding section. | |
| Shipment can be made F.O.B. City of St. Charles weeks after recei Purchase Order. | pt of |
| MANUFACTURER:Not Applicable | |
| | |
| COMPANY | |
| ADDRESS | |
| CITY, STATE, ZIP | |
| TELEPHONE | |
| SIGNATURE OF AUTHORIZED AGENT | |
| MWS:cjb | |

Bids\services\Generator Maintce Bid

PROPOSAL FORM B

| | 2014 | /5 | 2015 | 5/6 | 2016/7 | • |
|---------------------|------|-----|------|-----|--------|-----|
| Fuel test Charge | \$ | /ea | \$ | /ea | \$ | /ea |
| Coolant test Charge | \$ | /ea | \$ | /ea | \$ | /ea |

MWS:cjb

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